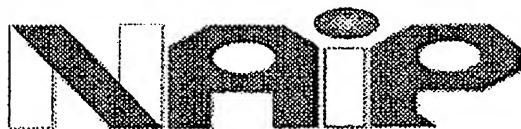


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Page: 1/8

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**North America
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Art Unit: 2653**

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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/064,053

Attorney Docket No.: VIAP0020USA

Subject: Response to the Office Action mailed on 09/14/2005

Total Pages: 8 pages (including cover page)

Winston Hsu 12/13/2005

VIAP0020USA_A2_2

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

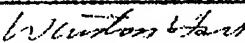
(to be used for all correspondence after initial filing)

Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/064,053 06/05/2002 Sue-Hong Chou 2653 Psitos, Aristotelis M		
Total Number of Pages in This Submission	7	Attorney Docket Number	VIA P0020USA

ENCLOSURES (Check all that apply)

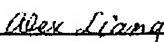
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Remarks
---	--	--

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	12/13/2005	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Alex Liang
Date	12/13/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>	
FEE TRANSMITTAL For FY 2005	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT (\$ 0.00)	

Complete if Known	
Application Number	10/064,053
Filing Date	06/05/2002
First Named Inventor	Sue-Hong Chou
Examiner Name	Psitos, Aristotells M
Art Unit	2653
Attorney Docket No.	VIAP0020USA

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	50-3105						Deposit Account Name: North America Intellectual Property Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>	
	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<i>Winston Hsu</i>	Registration No. 41,526	Telephone 302-729-1562
Name (Print/Type)	Winston Hsu		
	Date 12/13/2005		

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**METHOD AND RELATED CIRCUIT FOR CLOCK GENERATION AND
RECOVERY**

Appl. No.	:	10/064,053	Confirmation No.	9795
Applicant	:	Sue-Hong Chou		
Filed	:	June 5, 2002		
TC/A.U.	:	2653		
Examiner	:	Psitos, Aristotelis M		
Docket No.	:	VIAP0020USA0		
Customer No.	:	27765		

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

5 Sir:

In response to the Office action of September 14, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

10 **Remarks/Arguments** begin on page 5 of this paper.